PTO/SB/31 (02-01)
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## NOTICE OF APPEAR FROM THE EXAMINER TO THE

Docket Number (Optional)

| BOARD OF PATENT AFFEALS AND INTERFERENCES  |  |   | 38163-0007   |                      |  |
|--|--|---|--------------|----------------------|--|
| I hereby certify that this correspondence is being   | In re Application of   |   |              |                      |  |
| deposited with the United States Postal Service with<br>sufficient postage as first class mail in an envelope<br>addressed to "Assistant Commissioner for Patents,                                     | Jeffrey S. RUBIN et al.  |   |              |                      |  |
|  | Application Number   |   | <del>-</del> | Filed                |  |
| Washington D.C. 20231" on  | 08/477,983   |   |              | June 7, 1995         |  |
| Signature  | For  |   |              |                      |  |
| Typed or printed<br>Name   | AN EPITHELIAL CELL SPECIFIC GROWTH FACTOR,<br>KERATINOCYTE GROWTH FACTOR (KGF) |   |              |                      |  |
|  | Group Art Unit Examiner 1647 C. Saoud  |   |              |                      |  |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.   |  |   |              |                      |  |
| The fee for this Notice of Appeal is (37 CFR 1.17(b))  |  |   |              | \$ <u>320</u> .      |  |
|  |  |   |              |                      |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  |  |   |              |                      |  |
| A check in the amount of the fee is enclosed.  |  |   |              |                      |  |
| Payment by credit card. Form PTO-2038 is attached.   |  |   |              |                      |  |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  |  |   |              |                      |  |
| ☑ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-1641</u> . I have enclosed a duplicate copy of this sheet.    |  |   |              |                      |  |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.   |  |   |              |                      |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                       |  |   |              |                      |  |
| i am the   |  |   | Poticio      | A. Grandos           |  |
| ☐ applicant/inventor.  |  | 1 | ,            | Signature            |  |
| assignee of record of the entire interest. See 37 CFR 3.71.  |  |   |              |                      |  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |  |   |              |                      |  |
| attorney or agent of record.   |  |   | Patricia     | D. Granados          |  |
| ☑ attorney or agent acting under 37 CFR 1.34(a).   |  |   | Ţ            | yped or printed name |  |
| Registration number if acting under 37 CFR 1.34(a). <u>33,6l</u>   | <u>83</u> .  |   | l            | Jan 14, 2003<br>Date |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |  |   |              |                      |  |
|  |  |   |              |                      |  |

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